



SUPPLIER LICENSE EXEMPTION REQUEST

TO BE COMPLETED BY SUPPLIERS OF GREATER THAN \$200,000/\$400,000 LIMIT SPECIFIED IN RULE 322

Authority: P.A. 69 of 1997.

Please complete the following information and provide documentary evidence that ultimately supports this exemption request. The disposition of your exemption request will be based on the information that you provide. The applicant shall provide all information, documents, materials and certifications at the applicant's sole expense. The Board, in its discretion, may at any time require the applicant to furnish additional information or complete and submit additional forms.

1. Provide MGCB Vendor Exemption Number:

2. Check Type of Ownership:

☐ Individual

☐ Partnership

☐ Corporation

☐ Limited Liability Company

☐ Other: (Describe):

3. Name of Applicant:

4. Telephone Number: ()

Ext.

5. Facsimile Number: ()

6. Business Address:

Street:

City:

County:

State:

Country:

Zip:

7. Type of Business Conducted with Casino: (Describe the goods/service(s) to be provided).

8. Doing Business As (DBA):

9. US Federal Employer Identification Number/Social Security Number:

10. Contact Person:

PLEASE CHECK THE APPROPRIATE BOX AND PROVIDE DETAILED ANSWERS TO THE FOLLOWING QUESTIONS AND ATTACH ANY DOCUMENTS SUPPORTING THIS EXEMPTION REQUEST. YOUR RESPONSE AND SUPPORTING DOCUMENTATION WILL BE USED TO DETERMINE WHETHER AN EXEMPTION WILL BE GRANTED.

☐ If applying as a business regulated by another regulatory agency in the state of Michigan, complete the following information:

Regulating Agency Name: _____

Agency Address: _____

Type of Regulation: _____

☐ If applying as a **publicly traded entity**, attach documentary evidence to demonstrate that Applicant derives less than 5 percent of Applicant's annual gross revenues from business with the Detroit casinos. Complete the Supplier Exemption Computation Worksheet (Page 3) and submit to MGCB together with Exhibit 1 and Exhibit 2.

☐ If Applicant is a **media** outlet that sells advertising, attach documentary evidence to demonstrate that Applicant derives less than 5 percent of the Applicant's annual overall gross revenues from advertising by Detroit casino licensees. Complete the Supplier Exemption Computation Worksheet (Page 3) and submit to MGCB together with Exhibit 1 and Exhibit 2.

☐ If applying as a business that provides goods or services in **insubstantial or insignificant** amounts or quantities, you must attach a statement fully explaining the factual basis for your response.

☐ If applying as a business that considers licensing unnecessary to protect the public interest or to accomplish the policies and purposes of P.A. 69 of 1997, attach a statement fully explaining the factual basis for your request.

NOTE: You are required to obtain a Vendor Exemption Number prior to your Supplier License Exemption request being processed. If you do not meet the requirements for a Supplier License Exemption, you will be required to obtain a supplier license.

Send to:

MICHIGAN GAMING CONTROL BOARD
1500 Abbott Road, Suite 400, East Lansing, MI 48823
Facsimile Number: 517.241.1480
Telephone: 517.241.1040

Name of Applicant: _____

The undersigned hereby certifies that all the representations, information and data, presented in this application, are true, accurate and complete to the best of the undersigned's knowledge. *The undersigned understands that failure to answer truthfully, completely and accurately could preclude the supplier from obtaining or maintaining a supplier license or exemption. Further, the undersigned certifies that they accept and consent to the conditions, requirements and procedures outlined in MGCB Resolution 2003-07, specifically the following:*

The applicant shall provide all information, documents, materials and certifications at the applicant's sole expense. The Board, in its discretion, may at any time require the applicant to furnish additional information or complete and submit additional forms.

INDIVIDUAL SUPPLIER

Individual Signature

Print Name

WITNESS, my hand and Notary Seal, this _____ day of _____, of ____

Notary Public, (Written Signature)

Notary Public, (Printed Signature)

My commission expires: _____ County of residence: _____

CORPORATION, PARTNERSHIP, OR LIMITED LIABILITY COMPANY (Must be signed by President, CEO or Chairperson with authority to certify on behalf of the supplier)

Signature of President, CEO, or Chairperson

Print Name

Print Title

WITNESS, my hand and Notary Seal, this _____ day of _____, of ____

Notary Public, (Written Signature)

Notary Public, (Printed Signature)

My commission expires: _____ County of residence: _____



SUPPLIER EXEMPTION COMPUTATION WORKSHEET

To be completed by Publicly Traded Corporations and Media Outlets applying for exemption from supplier licensing requirements under Resolution 2003-07.

Pursuant to MGCB Resolution 2003-07, this Worksheet must be completed and submitted to the MGCB along with the Supplier License Exemption Request application, and Applicant’s most recent SEC 10K filing or audited financial statements (Exhibit 1), AND

If Applicant is currently a supplier, Applicant must provide an internally generated report of Applicant’s previous 12 months’ sales to the Detroit casino(s) (Exhibit 2). This report should coincide with the filing period reflected on the most recent SEC 10K filing,

OR

If Applicant is a new supplier to the Detroit casinos, provide a copy of the Applicant’s contract with the Detroit casino(s) specifying the time period covered and the projected dollar amount of sales to casino(s) for the specified period (Exhibit 2).

ANNUAL GROSS REVENUES	(Exhibit 1)	\$ _____
Required Multiple		X <u>.05</u>
COMPARISON REVENUES		\$ _____
ANNUAL SALES TO DETROIT CASINO(S)	(Exhibit 2)	\$ _____